10/087.715

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number

27866/37081 A

		,	SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY							
TOTAL CLAIMS			30		•			RATE	FEE	1	RATE	FEE	1
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			39 minus 20=		. 10			X\$ 9=		OR	X\$18=	180	
IND	EPENDENT CL	AIMS	6 mi	nus 3 =	• 3			X42=			X84:≠	252	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT							OR		272	
* If the difference in column 1 is less than zero, enter "0" in column 2						ohima 2		+140=		OR	+280=		
								TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							1	SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIĞI- NUM PREVI PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
202	Total	• .3\$	Minus	•• 3	30	- <b>#</b>	1	X\$ 9=		OR	X\$18=	18.0	
ME	Independent	• 7	Minus	*** (	,	- /		X42=		OR	X84=	86.00	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						j	+140=		OR	+280=	4070	
TUS: 1								TOTAL			TOTAL ADDIT, FEE	14 4 20	D
4-1504 (Column 1) (Column 2) (Column 3)								ADDIT, FEE	<u> </u>	1011	ADDIT. FEE	10 1.00	ra
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH MUM PREVIO PAID	ÆST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	-
	Total	.210	Minus	-(3	51	-0	1	X\$ 9=		OR	X\$18=		
	Independent	• //	Minus	***	7	.0	]	X42=		OR	X84=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1140-			.000		
			+140=		OR	+280=							
			ADDIT. FEE		OR	ADDIT. FEE	•						
(Column 1) (Column 2) (Column 3)													
EMTO		REMAINING " AFTER- AMENOMENT		PREVI		PRESENT EXTRA		RATE	ADDI** TIONAL FEE	) Joe	RATE	ADONAL TIONAL FEE	1
AMENDME	Total	•	Minus	**				X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	444	_	•-		X42=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM													
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+140=		OR	+280=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE  OR  ADDIT. FEE													
		DE PORT					er fo	und in the app	propriet box	in coi	iumn 1,		
FOR	1 PTO-875 (Avv. &	وران (01)	·/		716 790 900	*** ***** *	Ps	lent and Traden	vari, Office, U	e def	MATMENT OF	COMMERCE	•

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